



VOORHEES UNIVERSITY  
OFFICE OF SPONSORED PROGRAMS

**Cost Sharing / Matching Authorization Form**

\*\*Please use one form for each cost sharing / matching source.\*\*  
\*\*Please route form to OSR prior to review by Provost / Vice President. \*\*

**Principal Investigator (PI) and Agency Information**

PI: \_\_\_\_\_ Department: \_\_\_\_\_  
PI Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Funding Agency/Organization: \_\_\_\_\_

**Cost Sharing Information**

Amount of Cost Sharing / Matching \$: \_\_\_\_\_ PeopleSoft Dept. ID for Cost Sharing: \_\_\_\_\_  
Description:  
This cost sharing source is also included on a pending application. Yes \_\_\_ No \_\_\_  
If yes, please provide: \_\_\_\_\_  
Funding Agency Submission Date  
\_\_\_ Voluntary \_\_\_ Mandatory  
If this includes the time of an individual other than the PI, please complete below:  
\_\_\_\_\_  
Sign Print Date

**Third Party in kind / cash contribution**

Attach signed documentation on Third – Party Contributor’s letterhead  
Dollar Amount: \_\_\_\_\_  
Dollar Amount: \_\_\_\_\_  
Name \_\_\_\_\_ Description \_\_\_\_\_

The authorized signatures confirm that the Voorhees University account number(s) provided is/are valid, guarantee that funds are available to cost share toward the referenced project and verify that the signatory has signature authority on the cost-sharing funding source. In addition, the Authorized Signatory understands that by signing this form, the Business Office is granted authority to transfer the specified funds from the accounts listed.

Sign, Print and Date:

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Principal Investigator

Dean / Supervisor

dean

director of oSR

**VICE PRESIDENT / PROVOST**

Vice president for Business & fiscal affairs

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**OSR use only:**

Date Submitted to OSR \_\_\_\_\_ Date Submitted to Agency: \_\_\_\_\_

Reviewed by: \_\_\_\_\_